

AO 435 (Rev. 03/08) (WDTX Mod. 6/5/08)		Administrative Office of the United States Courts TRANSCRIPT ORDER		FOR COURT USE ONLY DUE DATE:	
Please Read Instructions:					
1. NAME Anna E. Arreola		2. PHONE NUMBER (915) 534-3481		3. DATE 8/26/2013	
4. MAILING ADDRESS 700 E. San Antonio, Suite 200		5. CITY El Paso		6. STATE TX	
8. CASE NUMBER EP-12-CR-2106-DB		9. JUDGE David Briones		7. ZIP CODE 79901	
DATES OF PROCEEDINGS					
10. FROM 5/14/2013 TO 5/14/2013					
LOCATION OF PROCEEDINGS					
12. CASE NAME U.S. v. Marco Antonio Delgado					
13. CITY El Paso					
14. STATE TX					
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> DEPUTY BANKRUPTCY	
				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				Pre-Trial Hearing 5/14/13	
<input type="checkbox"/> OPINION OF COURT				ECF Docket # 53	
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	
18. SIGNATURE Anna E. Arreola				PROCESSED BY	
19. DATE 8-26-2013				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	

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ORDER RECEIPT

ORDER COPY

8-27-13
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